

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590623

FILING DATE

13 JUL 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>/</i>		<i>/</i>			
2		<i>/</i>		<i>/</i>		
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TOTAL IND.	<i>1</i>	↓	<i>2</i>	↓	<i>1</i>	↓
TOTAL DEP.	<i>36</i>	←	<i>8</i>	←	<i>11</i>	←
TOTAL CLAIMS	<i>37</i>		<i>10</i>		<i>12</i>	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						